Civil Action No. BAH-25-337

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* National Institutes of Health was received by me on *(date)* 02/07/2025 .

❒ I personally served the summons on the individual at *(place)* _____ on *(date)* _____ ; or

❒ I left the summons at the individual's residence or usual place of abode with *(name)* _____ , a person of suitable age and discretion who resides there, on *(date)* _____ , and mailed a copy to the individual's last known address; or

❒ I served the summons on *(name of individual)* _____ , who is designated by law to accept service of process on behalf of *(name of organization)* _____ on *(date)* _____ ; or

❒ I returned the summons unexecuted because _____ ; or

☑ Other *(specify):* Certified U.S. Mail, Postage Prepaid, Return Receipt Requested
Delivered on 2/13/2025

My fees are $ 0.00 for travel and $ 0.00 for services, for a total of $ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 03/05/2025

Server's signature

Kenyon North, Jr. Paralegal
Printed name and title

Jenner & Block LLP
1099 New York Ave., NW, Ste. 900
Washington, D.C. 20001
Server's address

Additional information regarding attempted service, etc:

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9000 Rockville Pike
Bethesda, MD 20892

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
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1. Article Addressed to:

NATIONAL INSTITUTES OF HEALTH
9000 Rockville Pike
Bethesda, MD 20892

9590 9402 4801 8344 9859 05

2. Article Number *(Transfer from service label)*
7018 1830 0002 1707 2478

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Anita Hogan ☑ Agent ☐ Addressee

B. Received by *(Printed Name)* Anita Hogan
C. Date of Delivery 2/13/25

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☑ No

3. Service Type
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